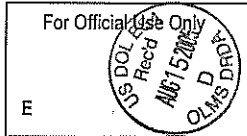


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>8103</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Ken</b> <b>P</b> <b>Lambert</b> P.O. Box, Bldg., Room No., if any Street <b>1776 Eye Street, NW</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>	4. Name, file number, and address of labor organization. Name <b>Intl Union of Bricklayers &amp; Allied Craftworker</b> Labor Organization File Number <b>000-034</b> P.O. Box, Building and Room Number, if any <b>Suite 600</b> Street <b>1776 Eye Street, NW</b> City <b>Washington</b> State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b>
5. Position in labor organization. <b>Executive Vice-President</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*Ken P. Lambert*

On

**8/15/2005**

Date

**202-783-3788**

Telephone Number

Name of Person Filing    Ken Lambert	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text" value="International Masonry Institute"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="42 East Street"/></p> <p>City <input style="width: 80%;" type="text" value="Annapolis"/></p> <p>State <input style="width: 20%;" type="text" value="Maryland"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="21401"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> Contributions are made to IMI pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IMI contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc. </div> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><input style="width: 150px;" type="text" value="\$3,834,679"/></span></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;"> Business expense reimbursement for lodging and meals for annual meeting Nov. '04; business expense reimbursement for parking, meals, phone and equipment at Winter Cluster Meeting Feb. '04. </div> <p>12.b. Amount. <span style="float: right;"><input style="width: 150px;" type="text" value="\$1,109"/></span></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="float: right;"><input style="width: 150px;" type="text"/></span></p>

Name of Person Filing Ken Lambert	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Trowel Trades Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1776 Eye St, NW, Suite 700</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>		
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Contributions are made to IPF pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IPF contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc.</p>		
	<table border="1"> <tr> <td>11.b. Approximate dollar value of such dealing.</td> <td>\$3,090,813</td> </tr> </table>	11.b. Approximate dollar value of such dealing.	\$3,090,813
11.b. Approximate dollar value of such dealing.	\$3,090,813		
	<p>12.a. Nature of interest held or income received.</p> <p>Business expense reimbursement for lodging and meals at Board of Trustees Meeting Nov. '04.</p>		
	<table border="1"> <tr> <td>12.b. Amount.</td> <td>\$477</td> </tr> </table>	12.b. Amount.	\$477
12.b. Amount.	\$477		

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local Officers and Employees Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1776 Eye St, NW, Suite 700</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>LOEPF contracts for services from the Union such as accounting, data processing, human resources, meeting planning, etc.</p> <p>11.b. Approximate dollar value of such dealing. \$97,422</p> <p>12.a. Nature of interest held or income received.</p> <p>Business expense reimbursement for parking, meals, phone and equipment for Winter Cluster Meeting Feb. '04.</p> <p>12.b. Amount. \$78</p>

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**Part B Continuation Page**

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Marco Consulting Group/Jack Marco"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="550 West Washington Blvd"/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60661"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="International Trowel Trades Pension Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 700"/></p> <p>Street <input type="text" value="1776 Eye Street, NW"/></p> <p>City <input type="text" value="Washington"/></p> <p>State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20006"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Investment Consultant</div> <p>11.b. Approximate dollar value of such dealing. <span style="float: right;"><input type="text" value="\$90,000"/></span></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;">Business dinner with Jack Marco and others following Trustees Meeting in November 2004</div> <p>12.b. Amount. <span style="float: right;"><input type="text" value="\$75"/></span></p>

Name of Person Filing Ken Lambert

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Calibre CPA Group/ Bill Vorhees

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1050

Street 1850 K Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Union Auditor

## 11.b. Approximate dollar value of such dealing.

\$199,822

## 12.a. Nature of interest held or income received.

Christmas Gift -- fruit basket

## 12.b. Amount.

\$40